Global Impact of Drug Resistant T.B.

1021. SHRI S. RAMACHANDRAN PILLAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the report released in New York, entitled the Global impact of drug resistant T.B.;

(b) if so, the reaction of Government thereto; and

(c) what steps Government propose to combat T.B. in the country?

THE MINISTER OF STATE *TN* THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) to (c)There is concern the world over about the global impact of drug resistant T.B. Drug resistant T.B. arises because of improper treatment of irregular/inadequate treatment of the disease. To improve tuberculosis control, it is essential to improve treatment of patients, by ensuring that: the patients complete the whole course of drug regimen, as prescribed, so that drug resistant tuberculosis is not created.

Therefore, the DOTS strategy is being implemented under the Revised National Tuberculosis Control Programme (RNTCP) wherein treatment to the patient is given under supervision and direct observation, and patients are monitored until they are reliably cured of the disease.

RNTCP is being expanded in the country in a phased manner. Results of the RNTCP pilot projects have been excellent. Of every 10 patients treated, more than 8 have been cured. Starting in late 1998, the RNTCP has expanded rapidly. As of December 1999, more than 130 million people are covered by the programme and approximately 13,000 patients are being put on treatment every month. More than 2,00,000 patients have begun RNTCP treatment since 1993, preventing more than 35,000 deaths and preventing more than four lakh people from becoming infected with the tuberculosis bacteria. The patients treated every month represent saving of more than 2,000 lives and prevention of more than 25,000 tuberculosis infections. Among the few patients who are not cured, the overwhelming reason is failure to ensure that the drugs are taken as prescribed, rather than effectiveness of the drugs themselves.

RNTCP is being expanded to an additional population of about 196 million in 1990-2000. At the same time, the previous programme is also being strengthened with improved diagnostic practices, standardized treatment, regular drug supply, and improved recording and reporting formats as a preparation for implementation of the RNTCP.